

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24520

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6265

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3500 Henrietta St.		d. STREET ADDRESS (If rural, give location) 3500 Henrietta St.	

3. NAME OF DECEASED (Type or Print) a. (First) Ivan b. (Middle) B. c. (Last) Edwards			4. DATE OF DEATH (Month) (Day) (Year) July 27, 1951			
5. SEX M. 4	6. COLOR OR RACE F.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 19, 1885	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clothing Presser		10b. KIND OF BUSINESS OR INDUSTRY 495-16-1225		11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Benjamin Edwards	13b. MOTHER'S MAIDEN NAME Unknown Casey	14. NAME OF HUSBAND OR WIFE Nora Edwards
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Nora Edwards	ADDRESS 3500 Henrietta St.
--	-------------------------	--	-------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial infarct - Coronary artery disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic Cardiovascular disease DUE TO (c) Pulmonary Embolism		unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H201

22. I hereby certify that I attended the deceased from January 19, 1951, to July 26, 1951, that I last saw the deceased alive on August 1, 1951, and that death occurred at 4:30 Pm., from the causes and on the date stated above.

23. SIGNATURE David Kirk Kerr MD	(Degree or title)	23b. ADDRESS 4500 Olive St. St. Louis 8, Mo	23c. DATE SIGNED
-------------------------------------	-------------------	--	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-30-51	24c. NAME OF CEMETERY OR CREMATORY Valhalla Burial Park	24d. LOCATION (City, town, or county) (State) Belleville, Illinois
---	----------------------	--	---

DATE REC'D BY LOCAL REG. JUL 29 1951	REGISTRAR'S SIGNATURE L. B. Casater	25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly	ADDRESS 3840 Lindell
---	--	--	-------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Albion, Mich.
Fall 1902
4th Floor
2 R

STATEMENT BY LICENSED EMBALMER

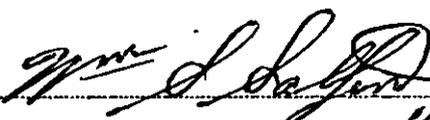
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me or by me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4699

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.